Updated: 2020-08-24 | SUBJECT TO CHANGE

o 1	Where can one view a Vi-Spdat and FviSpdat? What do these acronyms stand for?	VI-SPDAT: Vulnerablility Index Service Prioritization Decision Assistance Tool FVI-SPDAT: Family Vulnerability Index Service Prioritization Decision Assistance Tool
		The documents can be viewed on the Bridging the Gap website: btghawaii.org
0	Does Maui also have a location where we can also view the information on-line?	btghawaii.org
^ '	Do you see individuals going from island/county to another island/county?	Yes, but that is very rare. We recently worked with a person relocating from the Big Island.
0 (Where are the gaps in care that still exist on Maui? How can NGO's become involved in the efforts on Maui?	We need to expand mental health and substance abuse treatment capacity. Also, to focus more on moving people through the emergency shelters quicker into permanent housing.
o 1	Did BTG see a rise in cases since late March 2020 when the pandemic started locally, or is this data on your website?	No, I personally have not seen that in the datayet. I think the data for June is online.
0	How is BTG addressing the lack of shelter beds and access to emergency shelter?	The shelters are building a much keener focus on expediting the moving of clients to permanent housing. The constant outflow of people will be the way to provide readily available bed space for those wanting to enter shelter. For Oahu: https://www.partnersincareoahu.org/shelter-vacancies
Coordinated Entry System	What is prioritization matrix based upon?	By level of need/vulnerability. For BTG, please check our PnPs which is posted on our website at btghawaii.org.

		Partners in Care also has a prioritization matrix flowchart on their website at https://www.partnersincareoahu.org/prioritization-matrix , under the CES tab. The matrix looks at 3 pieces of information to determine the housing pathway that the client is on: VI-SPDAT scores, chronic homelessness, and number of disabling conditions.
System	How can we get a specific lists of [access] points on Oahu and can a state adult mental health center be an [access] point where a VI-SPDAT can be completed (currently we are not)?	Some access points in terms of outreach programs are: Waimanalo Health Center; Waianae Coast Comprehensive Center; Koolauloa Center; Queen's; outreach teams such as IHS, Kealahou West Oahu, Kalihi Palama; and various emergency centers. To become an access point, contact Morgan Esarey at morgan.e@coordinatedentrysystem.org to be connected to the proper individual(s). Interested volunteers can contact Partners In Care or Aloha United Way 211.
Coordinated Entry System	Just wondering if the BTG folks are using the Transition Aged Youth VISPDATs and if they have feedback about how accurate the scores seem to be?	The CoC partners are using the Aged Youth VI-SPDAT. Based on comments from providers, the scores seem to align with the needs of the individual experiencing homelessness.

Updated: 2020-08-17 | SUBJECT TO CHANGE

Other	Question to Dr. Pascua: What medication did you receive [to treat COVID]?	Aside for the intubation/ ventilation protocol meds (sedatives, analgesics, paralytics, etc.), I recall receiving a keflex, azith, and an anticoagulant (to decrease clotting risk while immobile). I was also entered into the hydroxychloriquine study. The most important was supplemental oxygen, which I needed emergently upon presentation, and out to two weeks after extubation. Please note: Hydroxychloroquine has not been demonstrated to be efficacious. Currently, combination of remdemsivir (anti-viral), dexamethasone, and convalescent plasma is being used for the more significant hospitalized patients.
Other	Dr. Pascua, can you give us a list of the 6 points [regarding vaccinating children for school] again?	 Schedule shots repeatedly if need be, until they are acquired. Be prepared for inconsistences in school opening, even from one school to another, one classroom to another. The necessary covid protocols will disrupt. Increase access to telehealth venues, so that parents can get their kids in front of a webcam if they are sick. Encourage parents to establish a telehealth relationship with their PCP, working out all connectivity issues now. Parents should have their PCP's virtual waiting room bookmarked. The flu season will superimpose itself upon covid. Immunize accordingly. The current CDC protocol calls for asymptomatic contacts of confirmed persons to be tested. To lessen drive-through testing bottlenecks, scheduling of such tests has been instituted. It can take 1-2 days to get in.
Other	Thoughts on what age kids should start wearing a mask?	The general guidance is children 2+ years old should wear masks.
Other	Are any of these professionals [panelists] being asked to provide guidance for DOE?	There is an American Academy of Pediatrics-Hawaii American Family Physicians group that has offered to be a resource to DOE in conjunction with DOH.

Other	Are any of the number of cases duplicated?	It is unclear if someone can get re-infected with COVID. It is always a possibility especially if they have a sub optimate immune response. We do not know how long immunity lasts for.
Other	What is % asymptomatic/presymptomatic spread? How is this calculated?	It is difficult to answer. Unless you do a large population screening testing of everybody frequently, you won't know who is necessarily asymptomatic.
Other	Do you repeat testing for covid positive?	In general, repeat testing is not necessary. Particularly because the types of testing done tests for the insides of the virus and it can stay positive for up to 6 weeks. The individual may still be positive but are no longer contagious after the 2-week period, so the benefit of testing is not there.
Other	Any recommendations on optimal timing for PCR testing for patients who are asymptomatic, but exposed (e.g. household exposure)	Immediate testing provides guidance with regard to quarantine, etc. Keep in mind that while immediate testing might be indicated, i.e., feeling ill or exposed, the availability of testing is limited and prioritized. For example, below are the questions currently presented to a clinician requesting a covid test for a patient: 1. Is this the patient's first test for COVID-19? 2. Is the patient symptomatic of COVID-19 per the CDC guidelines? 3. Date of onset of symptoms? 4. Is the patient employed in healthcare? 5. Is the patient hospitalized? 6. Is the patient in the ICU? Congregate care residen? Pregnant?
Other	We had someone at work test positive but contact tracing deemed us not to have been exposed because she didn't have close, unprotected contact with her for more than 15 minutes. Does that mean it's not as contagious as we first thought?	Contact tracing pertains not to characteristics of the organism as it does to the specific environment and actions of the individual in that environment. It also assumes a full and candid disclosure of the following by the patient, i.e.; the case patient's socio-demographic characteristics, history of SARS-CoV-2 (the virus that causes COVID-19) testing and results, date of symptom onset, if applicable, date of specimen collection for COVID-19 testing, source of illness, list of close contacts and their locating information, duration of exposure, the case patient's activity history during the contact elicitation window (when the patient was infectious and not under isolation), exposure locations (including events and gatherings with unknown contacts).
		See: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/investigating-covid-19-case.html

Other	How soon can covid positive return to school or work?	As of 8/16, the CDC states:
		For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset1 and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts. For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.
		See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus_%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html
		Before a person returns to work, they should peruse the following: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/returning-to-work.html
		For updates, check: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Testing

Updated: 2020-08-24 | SUBJECT TO CHANGE

Logistics	What is the best way to confirm if they received our PPE request after filling out form? Is there a point of contact or email? Have not heard back in two weeks. Thank you	Requests are reviewed weekly by the logistics team. If the forms are filled out completely and there are no questions, the request is added to the tracking system and updates come as donations and supplies are available. If you have any questions, please email DOH.BHA.BHHcovid19response@doh.hawaii.gov .
Homeless Outreach Strategies	Is there a reach out program in Maui and how do we contact it?	The outreach provider on Maui is Family Life Center. For more information, please visit https://homelessness.hawaii.gov/outreach-programs/ for a list of providers statewide. Lori Tsuhako is the the Director of the Department of Housing and Human Concerns LoriAnn Tsuhako LoriAnn.Tsuhako@co.maui.hi.us
Homeless Outreach Strategies	Great work!! How can we get the contact numbers of the outreach workers? Are they connected with CARES or is this separate. What crisis shelters do you use?	Again, for information about outreach programs throughout the state – including contact information – please visit https://homelessness.hawaii.gov/outreach-programs/ . The homeless outreach programs are not directly connected to the CARES line, but works in coordination with the CARES staff and other services within the system.
		Contact information and vacancies for emergency shelters, including crisis shelters, are found online at https://homelessness.hawaii.gov/daily-emergency-shelter-vacancy/ . You may also call (808) 586-0193 or e-mail gov.homelessness@hawaii.gov for more information.
Other	Has there been any improvement on testing availability for high risk providers such as residential homes for special needs community or nursing homes? I would very much like to have our staff and clients tested to ensure we are not exposing any of them to any infectious individuals.	For information about testing, please contact the CARES line at (808) 832-3100 on Oahu or (800) 753-6879 on the neighbor islands. You can also visit the BHHSURG website at https://health.hawaii.gov/bhhsurg/covid19-guidance/ for more specific information about COVID-19 guidance for

Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG)

COVID-19 UPDATE

Homeless Outreach Strategies	Major Lambert, what do you see as the future of POST? Back to HONU and mobile navigation at different sites?	The POST will return to the HONU once the pandemic is over.
Homeless Outreach Strategies	When homeless individuals are encountered or cited by law enforcement will the police report mention that the individuals are homeless? I would like to be able to use law enforcement reports as a 3rd party verifier to prove chronicity of homelessness as required by Outreach agencies to assist individuals to be housed	Individuals that do not report a home address are listed as "No Local" I would say most people experiencing homelessness would fall under that category, but that number will also include people that are not cooperative and refuse to provide information. It would be a good baseline as I would say less than 1% of people refuse to provide information. Though some people that are homeless give an address, but they don't live there. Basically, it's just where they receive mail, but are actually unsheltered.
Homeless Outreach Strategies	How can these Vacancy rates and shelter availabilities be accessed?	Please email gov.homelessness@hawaii.gov and we can add you to the distribution list. Contact information and vacancies for emergency shelters, including crisis shelters, are found online at https://homelessness.hawaii.gov/daily-emergency-shelter-vacancy/ . You may also call (808) 586-0193 or e-mail gov.homelessness@hawaii.gov for more information.

Updated: 2020-08-31 | SUBJECT TO CHANGE

Epidemiology	Why are we not using any of the medications that are being used in the us, and other countries. Hcq, zpack & zinc, other medications such as budesidine, and ivermectin.	The Hawaii Department of Health (DOH) follows guidance from the U.S. Centers for Disease Control and Prevention (CDC). According to the CDC, there are no drugs or other therapeutics presently approved by the U.S. Food and Drug Administration (FDA) to prevent of treat COVID-19. The National Institutes of Health have published interim guidelines for the medical management of COVID-19. To find out more, please view information provided by the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html .
Homelessness	There is a reduction of shelter beds available at IHS Sumner Street, what does that mean for the system?	It is a concern that there are reduced beds available for people experiencing homelessness in the community. For state agencies that do enforcement, we have instituted a temporary suspension of enforcement activities on state land with the exception of immediate health and safety concerns. However, there are still vacancies available in the shelter system. The Governor's Office on Homelessness keeps a daily vacancy list of emergency shelter beds statewide that is distributed on a daily basis, for Oahu, that list is on the Partners In Care website and also listed on the State's homelessness initiative website at http://homelessness.hawaii.gov/daily-emergency-shelter-vacancy/ .
Isolation/Quaran tine	Once a staff member or patient is tested, did they automatically go into quarantine or isolation, or did you sometimes let them work or remain until results were returned?	Staff members of shelter residents who were confirmed to have tested positive for COVID-19 or had close contact with those who were confirmed positive were requested to go into quarantine or isolation. Individuals who have had close contact with someone who has been confirmed positive are recommended to stay in quarantine for the full 14-day period even if they test negative for COVID-19.
Isolation/Quaran tine	Can people take a walk alone during isolation, for exercise?	If an individual is isolating, the individual must remain isolated in the home/unit for the entire isolation period.

Isolation/Quaran	If someone is in isolation, does the rest of the	An individual can isolate separately in own home if the individual has
	household have to isolate as well?	access to own room, own bathroom or a shared bathroom that can be cleaned after each use (not preferable), can avoid close contact with family members, and able to isolate for the entire time. The rest of the household would quarantine separately for the full 14 days since each person's last exposure to the isolating individual during the infectious period.
Isolation/Quaran tine	Do you need to quarantine if you been exposed to a positive client but have PPE (mask) and less than 15 minutes contact?	Exposure is close contact which is considered closer than 6 feet of the individual for more than 15 minutes, or if someone coughs or sneezes directly on you who is COVID-positive.
tine	If you have a close contact and you have to quarantine and you get tested and get a negative test result, does that mean you can end your quarantine when you get the negative test result back even if that's been less than 14 days or should you quarantine for the entire 14 days?	You should quarantine for the full 14 days as it could take up to 14 days for the virus to incubate. It is a good sign that you are negative, but it doesn't mean that you won't get infected. Quarantine alone and not with others who have been exposed as some may be incubating and some not possibly exposing each other.
tine	Wondering about any updates on TQIC Specifically, can patients in TQIC's communicate with their treatment teams, who is monitoring patients, how are we clear that patients maintain isolation while in TQIC's. Also, is rapid testing being worked on, especially for residential sites	The TQIC welcomes people to contact treatment teams via telehealth or telephone. Case managers are assigned to individuals who are isolating or quarantining at the TQIC or at another DOH isolation and quarantine facility. The case managers maintain communication with the patient. For more information, please contact the 24-hour Hawaii CARES line at (808) 832-3100 on Oahu or (800) 753-6879 on the neighbor islands.
Isolation/Quaran tine	In a family of 5, everyone took the test and 1 turned out positive, Does the whole household still quarantine for 14 days?	Yes, the household would have to quarantine for 14 days from the last exposure. If more individuals in the household test positive, the 14 days resets. That is why it's important to remove or separate the positive individual from the household so the 14-day quarantine period can start.
	Does DOH have a number for providers to call for any questions concerning quarantine/isolation?	Hawaiʻi CARES Line: Oʻahu (808) 832-3100, Neighbor Islands 1 (800) 753-6879.
Isolation/Quaran tine	So, the question really is when, after exposure, is the best time to test someone in quarantine?	5-7 days post exposure

Isolation/Quaran tine	· · · · · · · · · · · · · · · · · · ·	Secondary exposure is not considered close contact at that point. Exposure is defined as having close contact (less than 6 feet for over 15 minutes) to a positive case during the infectious period. For those individuals that have been exposed, it is best to quarantine for the 14 days to ensure that you do not potentially expose anyone else. But for secondary contact, you do not need to go into quarantine. Nevertheless, we should all maintain physical distance, wear face masks, practice good hand hygiene, and monitor ourselves for symptoms.
Isolation/Quaran tine	Where can the positive person in the family go to quarantine to remove themself from others in the household that has tested negative? Hotel?	The DOH, in partnership with the City & County of Honolulu, administers a number of isolation and quarantine facilities on Oahu. Please contact the 24-hour Hawaii CARES line for more information. On the neighbor islands, please contact the District Health Office for your county: • Hawai'i District: Hilo (808) 974-6006, Kona (808) 322-4880, Waimea (808) 887-8114 • Maui District: (808) 984-8200 • Kaua'i District: (808) 241-3495
Isolation/Quaran tine	but it was said that the patient may remain infectious for up to 10 days, so is 10 days better	Depends if the person can safely quarantine after exposure. If the person lives in a congregate living situation or with high risk individuals and cannot safely quarantine, it is important to identify positives early so that they can be put into isolation.
Isolation/Quaran tine	If someone is in TQIC, will CM team and other supports automatically be communicated to and kept updated?	Yes. Case managers are assigned to individuals who are isolating or quarantining at the TQIC or at another DOH isolation and quarantine facility. For more information, please contact the 24-hour Hawaii CARES line at (808) 832-3100 on Oahu or (800) 753-6879 on the neighbor islands.

Substance	Do you have substance abuse groups for the positive	IHS has used medication assisted withdrawal and providing therapeutic
Abuse	substance dependent clients, to help with withdrawals?	supports through individual conversations with the client. At the end of the withdrawal period, next steps are discussed. If the client is a good candidate for substance abuse treatment programs, because they would have done their time period in isolation or quarantine, they can go right into the treatment program.
Testing	But it does not look like they are going very far up the nostrils and people can do themselves?	The surge testing conducted on Oahu utilized tests that were self-administered and were different from the Polymerase Chain Reaction (PCR) tests utilized by Project Vision and other testing providers that partner with DOH. This is why the tests used at surge testing sites do not go as far up the nostrils and do not need to be administered by a healthcare professional.
Testing	What exactly went wrong on the H3 testing? How do label wrong?	According to the City & County of Honolulu, the Honolulu Fire Department staff assisting with the surge testing did not receive proper guidance from eTrueNorth, a Texas-based company, which led to test tubes at the Kaneohe surge testing site not being labeled. The City arranged for new tests to be conducted for individuals whose tests had been mislabeled.
Testing	Is H3 testing PCR test?	The testing that will take place on the H-3 freeway will be a rapid test, not a PCR test. Please be aware that with any test, it is meant for people that might need that test. There are risks for false positives or false negatives.
Testing	How often are people retesting; guards at OCC, Halawa, etc. every week once a month?	The Hawaii Department of Public Safety (PSD), in partnership with DOH, is conducting testing of all staff and inmates at jail and prison facilities statewide. For more information, please visit http://dps.hawaii.gov/blog/2020/03/17/coronavirus-covid-19-information-and-resources/ .
Testing	If you have the regular flu, would you still test positive for COVID?	No.